

QUARKNET FELLOWS POST-WORKSHOP FORM

Please return the requested items and completed form immediately after your workshop.

Part I. QuarkNet Professional Development Provider information

QuarkNet Fellows Group (e.g., Teaching and Learning) _____

Name _____ Date _____

Number of participants at the session:

What is the duration of the professional development provided?

What is the purpose of the session (information/skill focused on at the session)?

How were participants recruited?

Who is the intended audience of the session?

What do you want participants to know and/or be able to do as a result of this professional development (i.e., objectives of the session, topics addressed)?

Please send confidential, individual feedback on the results of the survey to my e-mail address:

Part II. Travel and Stipend Information: Items in red with asterisk are required.

**We need receipts for ANYTHING charged to Fermilab
Hotel • Car • Airfare**

Home Address _____

*** SOCIAL SECURITY NUMBER (For stipends only)** _____

*Traveler's Name:	*Travel Dates:	*Traveler's Signature:
Enclosed (Please √)		
	Boarding Passes (original)	
	Limousine Receipt(s) (original)	
	Rental Car Receipt(s) (original and itemized)	
	Rental Car Gas Receipt(s) (original)	
	Hotel Receipt(s) (original and itemized)	
	Taxis/Bus/Train Receipt(s) (original or amount and reason there is no receipt)	
	Parking/Toll Receipt(s) (original or amount and reason there is no receipt)	
	Registration Fee Receipt(s) (original)	
	Miscellaneous Receipt(s) EXPLAIN:	
*Which did you use: a limousine, rental car, shuttle or taxi?		
**If you shared a limousine with other QuarkNet people, who were they and on what dates?		
*Who received the receipt?		
If you drove your personal vehicle:		
Starting Point & Date:		
Ending Point & Date:		
Starting Point & Date:		
Ending Point & Date:		
Additional information should be included on the back of this page.		

We cannot process your reimbursement unless we have all the original receipts and participant surveys

Put all the surveys and receipts along with this sheet in a large envelope and mail to:

**Fermilab
P.O. Box 500, MS 226
Batavia, IL 60510-0500
Attn: Gayle Millman**

Thank you!